



**REQUEST
FOR
CONTINUED EXAMINATION (RCE)
TRANSMITTAL**

Subsection (b) of 35 U.S.C. §132, effective on May 29, 2000,
provides for continued examination of an utility or plant application
filed on or after June 8, 1995.
See The American Inventors Protection Act of 1999 (AIPA).

Application Number	10/796,976
Filing Date*	March 11, 2004
First Named Inventor	YU
Group Art Unit	1793
Examiner Name	P.A. Wartalowicz
Attorney Docket No.	3230-98

This is a Request for Continued Examination (RCE) under 37 C.F.R. §1.114 of the above-identified application.
NOTE: * Filing date must be on or after June 8, 1995; but if before May 29, 2000, then consider a CPA.

1. Please consider the following as the required submission under 37 C.F.R. §1.114:

- ☐ a. The Amendment/Reply filed on _____.
- ☐ b. The Information Disclosure Statement (IDS) filed on (date):
- ☐ c. The Brief/Reply Brief filed on (date):
- ☐ d. The ___ page(s) of Form PTO-1449 and copy of each listed document filed (date):
- ☒ e. **Other: Amendment Under 37 C.F.R. § 1.116 filed herewith.**
- ☒ **2. A TWO- month Petition for Extension of Time is filed herewith.**
- ☐ 3. The Commissioner is authorized to credit any overpayment and charge any deficiency in any fees required under 37 CFR 1.16 and/or 1.17 to Deposit Account No. 501874.
- ☒ **4. Authorization is hereby given to charge credit card in the amount of \$650 (Form PTO 2038 attached) to cover the Small Entity Filing Fee (\$405) and the Small Entity Extension Fee (\$245). A duplicate of this form is enclosed herewith.**
- ☐ 5. This Request is transmitted by facsimile to number (703) _____.
- ☐ 6. Other:

THE RCE FEE IS CALCULATED AS FOLLOWS:						Basic Fee:	\$810.00
Total Claims:	5	-	20	(highest number previously paid for) =	0.00	X \$18 =	0
Independent Claims:	3	-	3	(highest number previously paid for) =	0.00	X \$86 =	0
Correspondence Address: TROXELL LAW OFFICE PLLC 5205 Leesburg Pike, Suite 1404 Falls Church, VA 22041 CUSTOMER NUMBER: 40144						Multiple Dependent Claim (add \$280.00):	0
						Subtotal:	\$810.00
						50% Reduction if Small Entity Status:	\$405.00
Phone: 703-575-2711 Fax: 703-575-2707						Total:	\$405.00
Date:		Name:		Signature:		Reg. No.	
October 16, 2008		Bruce H. Troxell				26,592	

10/17/2008 MGE BREM1 00000060 10796976

01 FC:2801

405.00 DP



☐ Duplicate

REQUEST FOR CONTINUED EXAMINATION (RCE) TRANSMITTAL Subsection (b) of 35 U.S.C. §132, effective on May 29, 2000, provides for continued examination of an utility or plant application filed on or after June 8, 1995. See The American Inventors Protection Act of 1999 (AIPA).	Application Number	10/796,976
	Filing Date*	March 11, 2004
	First Named Inventor	YU
	Group Art Unit	1793
	Examiner Name	P.A. Wartalowicz
	Attorney Docket No.	3230-98

This is a Request for Continued Examination (RCE) under 37 C.F.R. §1.114 of the above-identified application.
NOTE: * Filing date must be on or after June 8, 1995; but if before May 29, 2000, then consider a CPA.

1. Please consider the following as the required submission under 37 C.F.R. §1.114:

- ☐ a. The Amendment/Reply filed on _____.
- ☐ b. The Information Disclosure Statement (IDS) filed on (date):
- ☐ c. The Brief/Reply Brief filed on (date):
- ☐ d. The ___ page(s) of Form PTO-1449 and copy of each listed document filed (date):
- ☒ e. **Other: Amendment Under 37 C.F.R. § 1.116 filed herewith.**
- ☒ **2. A TWO- month Petition for Extension of Time is filed herewith.**
- ☐ 3. The Commissioner is authorized to credit any overpayment and charge any deficiency in any fees required under 37 CFR 1.16 and/or 1.17 to Deposit Account No. 501874.
- ☒ **4. Authorization is hereby given to charge credit card in the amount of \$650 (Form PTO 2038 attached) to cover the Small Entity Filing Fee (\$405) and the Small Entity Extension Fee (\$245). A duplicate of this form is enclosed herewith.**
- ☐ 5. This Request is transmitted by facsimile to number (703) _____.
- ☐ 6. Other:

THE RCE FEE IS CALCULATED AS FOLLOWS:						Basic Fee:	\$810.00
Total Claims:	5	-	20	(highest number previously paid for) =	0.00	X \$18 =	0
Independent Claims:	3	-	3	(highest number previously paid for) =	0.00	X \$86 =	0
Correspondence Address: TROXELL LAW OFFICE PLLC 5205 Leesburg Pike, Suite 1404 Falls Church, VA 22041 CUSTOMER NUMBER: 40144						Multiple Dependent Claim (add \$280.00):	0
						Subtotal:	\$810.00
						50% Reduction if Small Entity Status:	\$405.00
Phone: 703-575-2711 Fax: 703-575-2707						Total:	\$405.00
Date:		Name:		Signature:		Reg. No.	
October 16, 2008		Bruce H. Troxell				26,592	